

**DECLARATION
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

- Declaration Submitted with Initial Filing, OR
 Declaration Submitted after Initial Filing
 (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 0100.0001280

First Named Inventor Allen J.C. Porter

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Method and Apparatus for Maintaining Secure and Nonsecure Data in a Shared Memory System**

the specification of which:

- is attached hereto.
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
John R. Garrett	27,888	Christopher J. Reckamp	34,414
Daniel C. Crilly	38,417		
Sally Daub	41,478		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

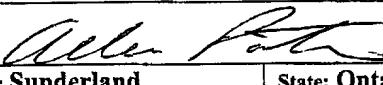
Direct all correspondence to:

Markison & Reckamp, P.C.
P.O. Box 06229
Wacker Drive
Chicago, Illinois 60606-0229
Telephone: 312-939-9800
Facsimile: 312-939-9828

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

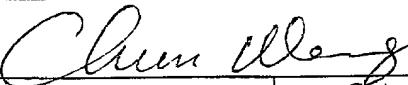
Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Allen J.C.		Porter	
Inventor's Signature			Date
Residence	City: Sunderland	State: Ontario	Country: Canada
Post Office Address	1304 Regional Road 6, RR#5		
City: Sunderland	State: Ontario	ZIP: L0C 1H0	Country: Canada

Name of Additional Joint Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Chun		Wang	
Inventor's Signature			Date
Residence	City: Toronto	State: Ontario	Country: Canada
Post Office Address	735 Don Mills Road, #1105		
City: Toronto	State: Ontario	ZIP: M3C 1S9	Country: Canada

Name of Additional Joint Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Kevork		Kechichian	
Inventor's Signature			Date
Residence	City: Unionville	State: Ontario	Country: Canada
Post Office Address	135 Briarwood Road		
City: Unionville	State: Ontario	ZIP: L3R 2X1	Country: Canada

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
John R. Garrett	27,888	Christopher J. Reckamp	34,414
Daniel C. Crilly	38,417		
Sally Daub	41,478		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

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P.O. Box 06229
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Chicago, Illinois 60606-0229
Telephone: 312-939-9800
Facsimile: 312-939-9828

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Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Allen J.C.		Porter		
Inventor's Signature			Date	
Residence	City: Sunderland	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	1304 Regional Road 6, RR#5			
City: Sunderland	State: Ontario	ZIP: L0C 1H0	Country: Canada	

Name of Additional Joint Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Chun		Wang		
Inventor's Signature			Date	
Residence	City: Toronto	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	735 Don Mills Road, #1105			
City: Toronto	State: Ontario	ZIP: M3C 1S9	Country: Canada	

Name of Additional Joint Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Kevork		Kechichian		
Inventor's Signature	<i>K. Kechichian</i>		Date	<i>April 22, 2001</i>
Residence	City: Unionville	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	135 Briarwood Road			
City: Unionville	State: Ontario	ZIP: L3R 2X1	Country: Canada	

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



PTO/SB/02A (3-97)

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Gabriel		Varga		
Inventor's Signature	<i>by Varga</i>		Date	Apr 23/2001
Residence	City: Toronto	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	48 Cynthia Road			
City: Toronto		State: Ontario	ZIP: M6N 2P9	Country: Canada

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
David		Strasser		
Inventor's Signature			Date	
Residence	City: North York	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	35 Yorkview Drive			
City: North York		State: Ontario	ZIP: M2N 2R9	Country: Canada

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence	City:	State:	Country:	Citizenship:
Post Office Address				
City:	State:	ZIP:	Country:	

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence	City:	State:	Country:	Citizenship:
Post Office Address				
City:	State:	ZIP:	Country:	



PTO/SB/02A (3-97)

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Gabriel		Varga		
Inventor's Signature			Date	
Residence	City: Toronto	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	48 Cynthia Road			
City: Toronto	State: Ontario	ZIP: M6N 2P9	Country: Canada	

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
David		Strasser		
Inventor's Signature			Date	APRIL 16/01
Residence	City: North York	State: Ontario	Country: Canada	Citizenship: Canada
Post Office Address	35 Yorkview Drive			
City: North York	State: Ontario	ZIP: M2N 2R9	Country: Canada	

Name of Additional Joint Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence	City:	State:	Country:	Citizenship:
Post Office Address				
City:	State:	ZIP:	Country:	

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Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence	City:	State:	Country:	Citizenship:
Post Office Address				
City:	State:	ZIP:	Country:	